

FILED APR 6 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9975
Registrar's No. 1290

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1290

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 5020 Wabash
(d) Length of stay: In hospital or institution 52 years
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5020 Wabash
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HARRY J. McMAHON

3. (b) If veteran, No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Angeline 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 17 1891

8. AGE: Years 52 Months 8 Days 4

9. Birthplace Kansas City Mo

10. Usual occupation Musician

11. Industry or business

12. Name John M. Mahon

13. Birthplace Ireland

14. Maiden name Mary Ann Simcox

15. Birthplace England

16. (a) Informant Mrs. H. C. McMahon

(b) Address 5020 Wabash

17. (a) Burial (b) Date thereof 3/24/44

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director (b) Address 20 West Linwood Blvd.

19. (a) 3-22-44 (b) N. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 44 hour 2: minute 00 A.M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion

Due to Coronary occlusion

Other conditions

Major findings: Of operations
Of autopsy see above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature A. E. Washer (M. D. or other)
Address 23rd & McCall, K.C. Mo. Date signed 3/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.